

**LETTER HOUSEHOLD MAY HAVE  
SOCIAL SECURITY OFFICE COMPLETE FOR SOCIAL  
SECURITY AND/OR SUPPLEMENTAL SECURITY INCOME  
(SSI)**

This statement is to confirm that \_\_\_\_\_ received the  
following

(Name of Claimant)

Social Security \$ \_\_\_\_\_ or SSI income \$ \_\_\_\_\_ for the month of \_\_\_\_\_.

Printed Name \_\_\_\_\_

Signature of Official \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_